

**AC-E  
EXHIBIT**

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**NONDISCRIMINATION/EQUAL OPPORTUNITY**

**COMPLAINT FORM**

**(To be filed with the compliance officer as provided in AC-R)**

**Please print:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ During the hours of: \_\_\_\_\_

Another phone where you can be reached: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**I wish to complain against:**

Name of person, school (department), program, or activity: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**The projected solution**

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

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I certify that this information is correct to the best of my knowledge.

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Signature of Complainant

*The compliance officer, as designated in AC-R, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.*